

Interior Health Authority

2020/21 – 2022/23 SERVICE PLAN

August 2020



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Board Chair Accountability Statement



Interior Health is committed to providing compassionate, high-quality care and services to the patients and families living within B.C.'s Central and Southern Interior region. We demonstrate that *Every Person Matters* through our relationships with our employees, physicians and communities, and in our efforts to promote healthy lifestyles and protect and improve the health of our population.

We begin the fiscal year knowing that we have entered an unprecedented time. Interior Health's response to the COVID-19 pandemic is and will continue to be among our most important priorities in the coming year. We will work alongside our provincial colleagues to stem the spread of COVID-19, under the guidance of the Ministry of Health. We will do this while also moving forward our key organizational priorities, and we will continue to be accountable to the public we serve.

Interior Health is committed to fostering meaningful relationships with Aboriginal communities, patients and families, but recent events have shown that there is much more work to be done to live our commitment to cultural safety and humility in all services we provide. The way forward will only be found by working with many individuals, including our First Nations and Métis Nation partners. With our partners' guidance, we find our way.

Thus, on behalf of the Board of Directors, I'm proud to submit Interior Health's *2020/21 – 2022/23 Service Plan*, which outlines how we will achieve our organizational goals in collaboration with the Ministry of Health, our physicians and staff, and our many health-care partners.

The *2020/21 – 2022/23 Interior Health Service Plan* was prepared under the Board's direction in accordance with the [Health Authorities Act](#). The plan is consistent with Government's strategic priorities and fiscal plan. The Board is accountable for the contents of the plan, including what has been included in the plan and how it has been reported. The Board is responsible for the validity and reliability of the information included in the plan.

All significant assumptions, policy decisions, events and identified risks, as of June 23, 2020, have been considered in preparing the plan. The performance measures presented are consistent with the [Budget Transparency and Accountability Act](#), Interior Health's mandate and goals, and focus on aspects critical to the organization's performance. The targets in this plan have been determined based on an assessment of Interior Health's operating environment, forecast conditions, risk assessment and past performance.

A handwritten signature in blue ink that reads "Douglas Cochrane". The signature is fluid and cursive.

Douglas Cochrane
Board Chair

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Organizational Overview

The Interior Health Authority (Interior Health or IH) provides health services to over 801,000 people across a large geographic area covering over 215,000 square kilometres, the geography of which includes larger cities and a multitude of rural and remote communities. Population health needs across the continuum of care drive the mix of services and enabling supports IH provides. This continuum includes staying healthy, getting better, living with illness, and coping with end of life.

IH is mandated by the [Health Authorities Act](#) to plan, deliver, monitor, and report on publicly funded health services for the people that live within its boundaries. This includes 54 First Nations communities and 16 Chartered Métis communities, representing 8.8 per cent of IH's total population. IH's Vision, Mission, and Values inform how it delivers on its legislated mandate and provides common language and focus that is especially important as we continue to adapt and respond to the ongoing COVID-19 pandemic and other challenges. IH's purpose and goals are rooted in improving overall health and wellness, and ensuring a sustainable health system for years to come, informed by strong partnerships with First Nations and Métis communities, physicians, local leaders, foundations, auxiliaries, volunteers, and all members and groups across the IH region.

Health service delivery is coordinated through a health authority wide “network of care” that includes hospitals, community health centres, long-term care and assisted living facilities, housing supports for people with mental health and substance use issues, primary health clinics, urgent and primary care centres, homes, schools, and other community settings. Health services are provided by IH staff and through contracted providers.

Clinical operations at IH include Hospital Care, Primary & Community Care, Long-term Care, Mental Health & Substance Use, Public Health, Surgical Services, and Allied Health. A variety of **clinical and organizational support services** enable the delivery of care and include Medical Imaging, Laboratory Services, Pharmacy, Human Resources, Medical Affairs, Professional Practice, Information Management/Information Technology (IMIT), Infection Prevention & Control, Financial Services, Housekeeping / Food Services / Laundry Services, Research, Planning (System and Capital), Facilities Management, Privacy, Policy & Risk Management, and Communications.

The COVID-19 global pandemic necessitated immediate and significant emergency response in the first half of 2020, and IH continues to work in collaboration with provincial and local partners to support the ongoing situation. A newly created IH Pandemic Response portfolio provides oversight and direction within the health authority, ensuring both proactive planning for potential patient surges, and ongoing operational alignment to provincial health orders.

A Board of Directors and a team of Senior Executives share governance and leadership responsibility for IH's service delivery. The Board of Directors is appointed by and responsible to the Minister of Health. The primary responsibility of the Board is to foster IH's short- and long-term success while remaining aligned with its responsibilities to Government and stakeholders. The day-to-day operations of IH are led by the Chief Executive Officer and the Senior Executive Team, who are

Vision

To set new standards of excellence in the delivery of health services in the Province of British Columbia.

Mission

Promote healthy lifestyles and provide needed health services in a timely, caring and efficient manner, to the highest professional and quality standards.

Our Values

Quality, Integrity, Respect, Trust.

responsible for leading strategic and operational services for the health authority and for meeting the health needs of residents and communities in an effective and sustainable manner.

As a public sector organization, IH is committed to transparency by making available information at www.interiorhealth.ca about services, planning, leadership and Board policies that may be of interest.

Strategic Direction and Alignment with Government Priorities

The Government of British Columbia (B.C.) remains focused on its three strategic priorities: making life more affordable, delivering better services, and investing in a sustainable economy. Health Authorities are essential to achieving these priorities by providing quality, cost-effective services to B.C. families and businesses.

Additionally, where appropriate, the operations of health authorities will contribute to:

- Implementation of the *Declaration on the Rights of Indigenous Peoples Act* and the Truth and Reconciliation Commission Calls to Action, demonstrating support for true and lasting reconciliation, and
- Putting B.C. on the path to a cleaner, better future – with a low carbon economy that creates opportunities while protecting our clean air, land and water as described in the CleanBC plan.

By adopting the Gender-Based Analysis Plus (GBA+) lens, health authorities will ensure that equity is reflected in their budgets, policies and programs.

The health system across B.C. is ever-changing; it is continually adapting, responding, and innovating to better meet the needs of our population. IH is continually looking for ways to improve the patient and provider experiences, and to use its system resources effectively. Patients and their families interact with health services at various points on the continuum, depending on their individual care needs. Better transitions between acute care, long-term care and community services, strengthened communications between providers, and implementing team-based care models are ways IH is working to smooth the patient journey and ensure the patient is always at the centre of care planning and decisions.

This aligns with the Ministry of Health's (MOH's) priorities and strategic direction, which are set forth for IH in the Minister of Health's [Mandate Letter to Interior Health](#). Successfully shaping and implementing key areas of IH's strategic focus and achieving its Vision requires close collaboration with partners, including the MOH, the Ministry of Mental Health and Addictions, physicians, nurse practitioners, other health care providers, unions, patients, volunteers, Aboriginal communities, and other stakeholders such as Regional Hospital Districts, foundations and auxiliaries.

This collaborative approach strengthens two-way communication between government and provincial public sector entities, promotes cost control, and helps create a strong and accountable relationship between government, IH and partner agencies. Working alongside physician partners and other stakeholders, IH continues to make progress in improving services across its large, predominantly rural geography. As well, IH has placed high priority on working closely and collaboratively with Aboriginal leaders and the First Nations Health Authority to ensure coordinated planning and service delivery to Aboriginal populations, and in support of improved health and wellness objectives.

IH is aligned with Government’s key priorities:

Government Priorities	Interior Health Aligns with These Priorities By:
Delivering the services people count on	<ul style="list-style-type: none"> • Improving health and wellness (Goal 1), with a focus on: <ul style="list-style-type: none"> ○ implement effective population health, health promotion, and illness and injury prevention services (Objective 1.1); ○ working with First Nations and Métis Nation British Columbia to plan and deliver culturally sensitive health-care services (Objective 1.2). • Delivering high quality care (Goal 2) while considering impacts and next phases of the COVID-19 response by focusing on: <ul style="list-style-type: none"> ○ a primary care model that provides comprehensive, coordinated and integrated team-based care (Objective 2.1); ○ improved health outcomes and reduced hospitalizations for seniors through effective community services (Objective 2.2); ○ improved health outcomes and reduced hospitalizations for those with mental health and substance use issues through effective community services (Objective 2.3); ○ timely access to appropriate surgical procedures, medical imaging services and gastrointestinal endoscopies (Objective 2.4); and ○ continued improvement of hospital and diagnostic services (Objective 2.5). • Cultivating an engaged workforce and a healthy workplace (Goal 4) by <ul style="list-style-type: none"> ○ enhancing relationships and encouraging all who work at IH to reach their full potential (Objective 4.1); and ○ advancing practices in the IH workplace that address health and safety issues (Objective 4.2)
A strong, sustainable economy	<ul style="list-style-type: none"> • Ensuring sustainable health care by improving innovation, productivity and efficiency (Goal 3) with a focus on: <ul style="list-style-type: none"> ○ promoting new ways of working to provide better service and reduce costs (Objective 3.1).

Strategic Context

This Service Plan is based on an understanding of IH's current operations, and of trends and challenges that may impact delivery of health care services into the future. Most recently, impacts of the world-wide COVID-19 pandemic response are considered across the strategies presented in this plan. In addition, in 2019/20 IH engaged in a review of our Vision, Mission and Values. Our engagement process took place over three months in the fall of 2019 and included inputs from patients, community leaders, IH staff and physicians, Aboriginal partners, volunteers, foundations and auxiliaries. The rich and powerful discussions that occurred both through online and in-person opportunities will inform refreshed statements to be launched in 2020/21.

A wide variety of services are delivered to meet the health care needs of the population in the interior region and many people report positive experience with their care. Like other health authorities and regions, IH faces a range of challenges that are further compounded by our collective COVID-19 response. Among the largest is recruitment of health professionals, especially to rural and remote communities, including general practitioners, nurse practitioners and physician specialists, as well as registered nurses and midwives, allied health, health care assistants, and other trained professionals.

With current economic and public health pressures, it is important for the health system to continue to seek new and creative ways to ensure the resources available for health-care services are used effectively and in ways that most benefit the people of B.C. and IH.

As a result, IH's **key strategies** over the coming three years include: **Primary & Community Care Transformation; Mental Health & Substance Use; Seniors Care; Surgical Services; Aboriginal Health; and Creating a Healthier, Safer IH Workplace.**

The work outlined in this Service Plan will show IH's continued commitment to furthering these key strategies within a rapidly changing public health environment. IH continues to seek and enhance access to alternatives to care in busy emergency departments; access to child and youth mental health services; ways to effectively treat adult patients with moderate to severe mental illnesses and/or substance use issues; proactive response to the needs of the frail elderly by providing appropriate supports that enable them to remain living in the community independently for as long as possible; ways to provide care to individuals with more complex needs living in long-term care homes; and reducing wait times for some specialists, medical imaging, and scheduled surgeries.

Goals, Objectives, Strategies and Performance Measures

IH's Vision, Mission, and Values as well as its Goals act as a platform upon which objectives and strategies are developed and advanced. IH's Service Plan aligns with the strategic priorities contained in the [Province of British Columbia 2020 Strategic Plan](#) and the [Ministry of Health 2020/21 – 2022/23 Service Plan](#) and is supported by a patient-centred culture and concept of supporting the health and well-being of British Columbians, laying a foundational lens that *Every Person Matters*. This perspective promotes shared responsibility with people in their own care, and fosters respectful collaboration between and among our health care professionals, staff, and the people and communities we serve.

Goal 1: Improve Health and Wellness

IH works with the MOH, Aboriginal partners, patients and other stakeholders to improve the health and wellness of people who live, work, learn and play in the B.C. interior region. IH's Goal 1 is aligned with the MOH's commitment to indigenous health and reconciliation as well as Goal 2 "Support the health and well-being of British Columbians through the delivery of high-quality health services".

Objective 1.1: Implement effective population health, health promotion, and illness and injury prevention services

Strategies:

- Continue to improve and protect health using a mix of policies and programs outlined in [Promote, Protect, Prevent: Our Health Begins Here. BC's Guiding Framework for Public Health](#), with a focus on:
 - Collaboration to create healthy environments in communities, schools, workplaces, and sites where healthcare is provided, e.g. healthy housing, safety and active transportation, smoke-free and healthy eating environments;
 - Initiatives to support the health of families, children and youth, e.g. prenatal/postpartum education, breast feeding support, early childhood development activities, youth vaping and substance use prevention, and youth mental health and wellness promotion;
 - Plans and programs that prevent or reduce harms to health, e.g. regulatory activities for food and drinking water (including consistent processes and inspections);
 - Implementing a comprehensive plan to increase childhood immunizations against vaccine preventable diseases (e.g. measles, pertussis); and
 - Participating in provincial efforts to review and refresh the Guiding Framework.
- Building upon recent learnings, continue to strengthen pandemic preparedness and response in the context of COVID-19 and alongside the management of other public health emergencies (e.g. opioid overdose, floods and fires) including for example;
 - Supporting COVID-19 recovery and improving IH's emergency response processes and structure (e.g. facility screeners, contact tracing, community cohorting, etc), while maintaining readiness to respond to changing COVID-19 trends; and
 - Working with other health authorities and the Provincial Health Services Authority (PHSA) to develop and ensure that health emergency management at a provincial-level best meets future needs for preparedness, response and recovery. Specifically, the Rural, Remote, First Nations and Aboriginal framework for the Interior region will help address health system preparedness for large scale emergency events, emerging pathogens, and pandemics.
- Work with the MOH and support local partners to deliver long-term health promotion, and illness and injury prevention services, including screening and other clinical prevention services identified in the [Lifetime Prevention Schedule](#).

- Continue to work with the MOH to apply a Gender-Based Analysis Plus (GBA+)¹ to planning and service delivery.
- Continue to partner with patients, clients, residents, families, and communities to participate in the delivery of person- and family-centered health care including the planning, design, and evaluation of IH health services in association with the MOH’s Patients as Partners Initiative and the BC Patient Safety & Quality Council’s [Patient Voices Network](#). Continue to leverage IH’s Patient and Family Centred Care Steering Committee with equal public membership and Co-chair, Patient Care Quality Office, Partnership Accord Leadership Table and Letter of Understanding with First Nations and the Métis Nation BC, and other mechanisms to hear from the public about care delivery.
- Work with the MOH to support an environmentally sustainable health care system and contribute to improved human health, including through climate change adaptation awareness and energy efficiency projects.

Performance Measure	2017/18 Baseline ²	2018/19 Actual ²	2019/20 Actual	2020/21 Target	2021/22 Target	2022/23 Target
1.1 Per cent of communities that have completed healthy living strategic plans. ¹	58%	63%	78%	63%	67%	77%

¹ Data Source: Health Authority Annual Community Survey, Healthy Living and Health Promotion Branch, Population and Public Health Division, Ministry of Health.

² Note that the baseline and targets for this performance measure may not reflect what was reported in the previous Service Plan as it has recently been updated to reflect IH’s 59 communities.

Linking Performance Measures to Objectives:

- 1.1 This performance measure focuses on the proportion of IH communities that have developed healthy living strategic plans in partnership with the MOH and IH since 2010/11. Healthy living strategic plans include measurable actions or milestones that the health authority and community will implement and monitor to collectively address modifiable risk factors for chronic disease and prioritize areas for the reduction of incidences of chronic diseases.

Discussion:

IH strives to continually improve community collaboration and exceeded its 2019/20 target. Partnership and engagement with Aboriginal communities are part of the planning process (see also Objective 1.2 below). Community-based efforts to create environments that promote well-being (i.e. built, natural and social environments) make it easier for residents, including the most vulnerable, to be healthy.

¹ GBA+ is an analytical process used to assess how diverse groups of women, men and non-binary people may experience policies, programs and initiatives. The “plus” in GBA+ acknowledges that GBA goes beyond biological (sex) and socio-cultural (gender) differences and considers many other identity factors, like race, ethnicity, religion, age, and mental or physical disability.

Objective 1.2: Work with First Nations and Aboriginal partners to plan and deliver culturally sensitive health-care services

Strategies:

- Support shared decision-making with First Nations and Métis people, and meaningful engagement in health care planning and service delivery in keeping with and adopting the [United Nations Declaration on the Rights of Indigenous Peoples](#), [Truth and Reconciliation Commission of Canada: Calls to Action](#), [Interior Region Partnership Accord](#) and [Métis Nation Relationship Accord II](#). This includes:
 - Continuing to work with interior region First Nations, First Nations Health Authority (FNHA) and Métis Nation British Columbia to implement the goals and objectives of the [IH Aboriginal Health and Wellness Strategy](#); engage and seek support from Aboriginal partners for its renewal in 2020;
 - Continuing to strengthen coordination and collaboration with First Nations and Métis partners through leadership meetings, and partnership agreements (e.g. Partnership Accord, Letters of Understanding, and Nation-specific work plans); and
 - Continuing to coordinate with FNHA, MOH, and other health authorities on health care planning and service delivery for urban/away-from-home individuals and families.
- Participate in planning cross-sectoral work to address and support the mental health and wellness and social determinants of health in First Nations and Métis communities in keeping with the [Memorandum of Understanding- Tripartite Partnership to Improve Mental Health and Wellness Services and Achieve Progress on the Determinants of Health and Wellness](#) by:
 - Implementing and evaluating the [IH Aboriginal Mental Wellness Plan](#), developed with First Nation and Métis partners, Aboriginal patient voices network volunteers and First Nations Health Authority; and
 - Increasing access to culturally safe and appropriate, quality services for Aboriginal peoples, including elder care, and mental health and substance use services.
- Create a climate for change to improve the patient experience for First Nations and Métis peoples, and systematically embed cultural safety and humility as part of quality health services and administration in keeping with the [Declaration of Commitment on Cultural Safety and Humility in Health Services Delivery for First Nations and Aboriginal People in BC](#). This includes:
 - Providing Aboriginal Cultural Safety Education, as well as recruitment and retention of Aboriginal employees to support a workforce that represents the population; and
 - With engagement from First Nations and Métis partners, revising IH processes for gathering input and investigating the quality of care provided to Aboriginal patients, creating spaces, policies and processes that improve cultural safety and patient experience and ensuring equitable, quality care free of racism and discrimination.

Goal 2: Deliver High Quality Care

IH emphasizes the importance of delivering high quality and sustainable health care across the health authority in the areas of primary and community care, seniors' health and wellness, mental health and substance use, surgical and hospital services. This builds on the MOH's policy framework and its priority areas of focus. IH's Goal 2 is aligned with the MOH's Goal 1 "*Ensure a focus on service delivery areas requiring strategic repositioning*".

Objective 2.1: Implement a primary care model that provides comprehensive, coordinated and integrated team-based care

Strategies:

- Continue to work with physicians, nurse practitioners, patients, community partners, Divisions of Family Practice, Aboriginal partners, and inter-professional teams to plan and implement Primary Care Networks (PCN). This includes connecting primary care to specialized community services for key patient populations (e.g. seniors / patients with more than one chronic illness and/or frailty and people living with moderate to severe mental illnesses; see Objectives 2.2 and 2.3). Infrastructure (space, co-location), human resources (recruitment, etc) and info-structure needs (IMIT, monitoring, evaluation, etc.) are also being considered as part of PCN planning.
- Support the implementation of the IH team-based care strategy, which is aligned with the MOH's Primary Care Strategy and includes team-based practices delivering locally designed services based on population and patient needs with effective linkages across the integrated system of care.
- Continue to plan, implement, monitor, evaluate, and improve the quality of care provided by IH Urgent and Primary Care Centres and Community Health Centres across the region.
- Sustain, stabilize and, where appropriate, expand access to team-based maternity services, including low risk maternity care as part of comprehensive primary care services provided by PCNs.
- Collaborate with the MOH and the PHSA on the Provincial Pain Strategy.

Objective 2.2: Improve health outcomes and reduce hospitalizations for seniors through effective community services

Strategies:

- Support the transformation of Home and Community Care services under the umbrella of Specialized Community Services Programs (SCSPs) for seniors with complex medical conditions and/or frailty to improve access, quality and coordination of care provided across services and/or multiple visits through interdisciplinary teams (e.g. by identifying a patient's most responsible clinician).
- Continue to integrate community services for seniors, including home health, home support, community-based professional services, community caregiver supports, adult day programs, palliative care, and assisted living, into the larger integrated system of care.

- Enhance standardization and responsiveness of Home Support services to improve efficiency and care quality, including modernization of home support scheduling.
- Expand virtual care technologies (e.g. within Diabetes Education Centres and for vulnerable populations with mild to moderate respiratory symptoms).
- Collaborate with physicians and contracted partners, as well as long-term care staff and leadership to continue the improvement of long-term care services and ensure those living in long-term care homes receive dignified and high quality care through the implementation of strategies and initiatives that aim to:
 - Reduce falls and injuries; improve pain management; and further implement a *Palliative Approach in Long-Term Care (PALm)* that includes additional and earlier serious illness conversations;
 - Embed the resident and family voice through engagement and participation in key improvement projects and Quality Council;
 - Continue to implement and sustain the single-site staffing Order in accordance with the COVID-19 public health emergency response; and
 - Review long-term care and assisted living bed numbers (per 100,000 people) as well as methods used to plan new bed allocation in identified priority communities.
- Implement and monitor enhanced direct care hours in order to reach the provincial target of 3.36 hours per day as a health authority average by 2021.
- Continue to implement and enhance palliative and end-of-life care services to support the quality of living and dying for individuals with life-limiting illnesses in all care settings through:
 - The delivery of integrated services and standardized processes, supported by best practice and specialized education such as Learning Essential Approaches to Palliative Care ([LEAP](#)) and the Health Care Assistant Palliative Education Program, the [Serious Illness Conversation](#), and the PALm; and
 - Enhanced access to palliative expertise including a Palliative Care Physician Consultation Service, Whole Community Palliative Rounds and teams, as well as 24/7 access to palliative nursing support for palliative clients living at home.
- Provide health supports to individuals with disabilities as outlined in the [Collaborative Services Guidelines](#). In addition, for those clients that meet the added care threshold, as defined by the Guidelines, IH has a standard approach, practice standards and tools for determining the added care required to augment the services provided by [Community Living BC](#).
- Develop an Interior Region Cancer Care Strategy.

Performance Measure	2016/17 Baseline	2018/19 Actuals	2019/20 Actuals	2020/21 Target	2021/22 Target	2022/23 Target
2.2a Number of people with a chronic disease admitted to hospital per 100,000 people, aged 75 years and over. ^{1,2}	3,974	3,547	3,388	3,374	3,316	3,258

¹ Data Source: Discharge Abstract Database, Health Sector Information, Analysis and Reporting Division, Ministry of Health.

² P.E.O.P.L.E. 2019. Note that the baseline and targets for this performance measure may not reflect what was reported in the previous Service Plan as this performance measure incorporates provincial population estimates that are updated annually by BC Stats.

Linking Performance Measures to Objectives:

2.2a Along with effective primary care, strategies to improve community-based services such as Home Health, palliative/end-of-life, and long-term care quality initiatives, will help to improve patient health outcomes and reduce inappropriate hospitalizations for seniors, including decreasing the number of people 75 years of age and older with a chronic disease who are admitted to hospital.

Discussion:

This performance measure tracks the number of people 75 years of age and older with select chronic diseases such as asthma, chronic obstructive pulmonary disease, heart disease, and diabetes, who are admitted to hospital. Lower admission rates indicate that these patients are receiving appropriate care in the community to allow them to stay home longer and be healthier. Proactive disease management and community-based services can help maintain functioning and reduce complications that could require higher-level medical care such as emergency department visits and hospitalizations.

Performance Measure	2017/18 Baseline	2018/19 Actuals	2019/20 Actual	2020/21 Target	2021/22 Target	2022/23 Target
2.2b Potentially inappropriate use of antipsychotics in long-term care. ¹	25.8%	26.0%	24.9%	22.5%	20.0%	18.0%

¹ Data Source: Canadian Institute for Health Information, Health Sector Information, Analysis & Reporting Division, Ministry of Health.

Linking Performance Measures to Objectives:

2.2b This performance measure identifies the percentage of long-term care residents who are taking antipsychotic drugs without a diagnosis of psychosis. Antipsychotic drugs are sometimes used to manage behaviours associated with dementia. Use of these drugs without a diagnosis of psychosis may compromise safety and quality of care. Future year targets for this measure may be adjusted as initiatives and efforts to address this issue mature.

Discussion:

For several years, IH has focused on lowering the use of antipsychotic drugs in long-term care with work supported by participation in the [BCPSQC CLeAR initiative](#). All IH long-term care homes with higher use of antipsychotics are participating in this phase of the project. There has been further impact on this measure with ongoing implementation of the dementia pathway which includes

P.I.E.C.E.S. strategies to support a person’s Physical, Intellectual, and Emotional health to maximize Capabilities, the person’s Environment, and Social self, and Gentle Persuasive Approaches training for staff.

Performance Measure	2016/17 Baseline	2018/19 Actuals	2019/20 Actual	2020/21 Target	2021/22 Target	2022/23 Target
2.2c Average direct care hours per resident day across the health authority. ¹	3.23	3.29	3.36	3.36	3.36	3.36

¹ Data Source: Ministry of Health.

Linking Performance Measures to Objectives:

2.2c This new performance measure identifies the average direct care hours per resident day, across all long-term care facilities in the health authority and reflects provincial commitment and efforts to improve and strengthen the quality of service and provide the best day-to-day assistance to seniors living in long-term care facilities.

Discussion:

Through focused efforts on Long-term care recruitment/retention, staffing levels and staffing mix, IH aims to provide safe, quality care and quality of life for residents, as well as improved resident outcomes. Monitoring average Hours Per Resident Day also provides information on whether Long-term care homes are providing the required service hours per the financial allotments.

Objective 2.3: Improve health outcomes and reduce hospitalizations for those with mental health and substance use issues through effective community services

Strategies:

- Continue to develop, implement and report on a robust and integrated mental health and substance use (MHSU) Specialized Community Services Program (SCSP) to connect MHSU patients across the service spectrum with primary care physicians, allied health professionals, and mental health clinicians by:
 - Implementing processes to improve access to services for patients and their families, especially for those living in rural and remote communities;
 - Enhancing service delivery to decrease repeat visits to the emergency department and admission to hospital; and
 - Increasing service coordination by developing and implementing technical solutions to support the flow of information between health care providers and services.
- Advance child and youth mental health by implementing best practices in collaboration with community and provincial partners.
- In partnership with the Ministry of Mental Health and Addictions, continue addressing the ongoing opioid overdose public health emergency through:

- Developing and maintaining tools, such as a stigma resource guide for clinicians, and delivering an awareness campaign to reduce stigma experienced by people with substance use disorders;
- Sustaining the Preventure Youth Substance Use Prevention Program, a school-based intervention aimed at reducing drug and alcohol use in high-risk youth;
- Continuing to implement overdose prevention services for high risk populations, including supporting supervised consumption, drug checking, and enhancing pathways to treatment services; and
- Increasing capacity of interdisciplinary teams to provide evidence-based substance use treatment in communities across the health authority.

Performance Measure	2016/17 Baseline	2018/19 Actuals	2019/20 Actuals	2020/21 Target	2021/22 Target	2022/23 Target
2.3 Per cent of people admitted for mental illness and substance use who are readmitted within 30 days, 15 years or older. ¹	15.7%	13.7%	13.9%	13.3%	13.2%	13.1%

¹ Data Source: P.E.O.P.L.E. 2018 and Discharge Abstract Database, Health Sector Information, Analysis and Reporting Division, Ministry of Health.

Linking Performance Measures to Objectives:

- 2.3 Specialized services help improve access to a range of services and supports in the community for persons with mental health and/or substance use issues. These efforts, along with effective discharge planning and family member involvement, can help reduce re-hospitalizations for this patient group.

Discussion:

Within IH, there is a focus on improving access to a range of services and supports in the community, including for persons with mental health and substance use issues. This performance measure focuses on one aspect of the effectiveness of community-based supports to help persons with mental health and substance use issues receive appropriate and accessible care, and avoid readmission to hospital. Other aspects include good discharge planning and maintaining an appropriate length of stay in a hospital. Central to these efforts are involving family members where possible in care planning, hospital discharge and follow-up as well as building a strong system of primary and community care, which enhances capacity and provides evidence-based approaches to care.

Objective 2.4: Provide timely access to appropriate surgical procedures, medical imaging and gastrointestinal endoscopies

Strategies:

Preparing B.C.'s health-care system for COVID-19 meant making the difficult decision to postpone all non-urgent scheduled surgeries on March 16, 2020. This action was a necessary step to prepare for the potential surge of patients requiring critical care due to the virus, and to ensure health-care capacity if needed. On May 18, 2020 IH resumed these surgeries².

These postponements have resulted a significant setback in the previous gains made in increasing patients' access to surgery and reducing the time they had to wait. To keep up with new demands for surgery and complete the surgeries lost to COVID-19, the MOH launched its commitment to surgical renewal. Every effort will be made by IH to achieve the goals of surgical renewal. IH will work with the MOH to develop plans that achieve the following five goals of renewal:

1. Focusing on patients by calling all patients to confirm that they are willing to come for surgery and by prioritizing patients whose surgeries must occur in less than four weeks; patients who have had their surgery postponed; patients who have waited more than twice their targeted wait time; and patients whose surgeries can safely be conducted as day procedures or outside of the main operating room;
2. Increasing surgeries through generating efficiencies, extending hours, operating on weekends, optimizing operations over the summer, opening new or unused operating rooms, and, increasing capacity at contracted private surgical clinics that agree to follow the Canada Health Act and not extra bill patients;
3. Increasing essential personnel through focused recruitment, additional training, and evaluation and implementation of new models of care;
4. Adding more resources; and
5. Reporting on the progress of these efforts. The MOH will work with Interior Health to monitor and report regularly on the progress made as strategies are implemented.

It is recognized that this will be challenging work and requires Interior Health to adapt to learnings from COVID-19 and to implement new ways of delivering our surgical programs. This work is also highly vulnerable to future resurgences of COVID-19 that are expected this fall/winter that will again impact hospitals and surgeries performed.

In addition, Interior Health will continue to focus on ensuring patients have timely access to high quality, appropriate and culturally safe to medical imaging and gastrointestinal endoscopy services by:

- Expediting capacity and service enhancements to address postponed services during the initial COVID-19 response; and

² Under surgical renewal, as of late 2020, IH has completed 93 percent of their surgeries that were postponed. This work will need to continue to catch up, not only on postponed cases, but to meet patient needs now and into the future. By putting in place a sustainable model of surgical services in rural/remote communities and implementing initiatives to gain capacity in the current system, IH will continue to increase the total number of completed surgeries.

- Reducing wait times by optimizing existing resources, streamlining business process, and actively monitoring and managing waitlists, as well as reducing inappropriate / unnecessary procedures.

Discussion:

Interior Health aims to achieve high quality, patient-centred surgical care within a sustainable health system for the residents of B.C. through its Surgical Renewal Plan. Putting in place a sustainable model of surgical services in rural/remote communities and implementing initiatives to gain capacity in the current system are all ways that IH will continue to increase the total number of completed surgeries.

Objective 2.5: Continue the improvement of hospital and diagnostic services

Strategies:

- Continue with major capital investments in hospital expansions and renovations across IH to improve patient care, health service delivery, and patient flow, and design program areas to enable a comprehensive multi-disciplinary team approach. Spaces are being created for services such as urgent and primary care, emergency care and surgeries, medical, surgical and mental health inpatient units, labour, delivery and neonatal intensive care, as well as other hospital-based services.
- Enhance infection, prevention and control measures in association with the IH Quality and Patient Safety Plan and ongoing pandemic preparedness/response efforts by building awareness around infection control and proper hand hygiene; supporting the implementation of the Biological Exposure Control Plan³; and delivering training to health care workers on key topics such as using antibiotics wisely, infection prevention and control, exposure prevention and assessment, decontamination, and Personal Protective Equipment use.
- Continue to keep environments as clean as possible including implementing the B.C. Cleaning Standards Best Practices as appropriate and with consideration for any required funding.
- In collaboration with the PHSA and aligned with the MOH's approved three-year plan for pathology and laboratory medicine services, support the development of provincial standards and integrated approaches as well as COVID-19 recovery efforts to ensure equitable access to evidence-based, high quality pathology and laboratory services that are cost-effective and culturally safe. Enhance testing and assessment capacity as part of the COVID-19 response.
- Develop and implement effective referral pathways and service linkages for patients between IH health services and provincial specialized services and programs provided by the PHSA.
- Enhance and expand cardiac and brain health services across the region.

³ The IH Biological Exposure Control Plan aims to minimize or eliminate the risk of health care workers having their health affected by a workplace exposure to biological infectious substances through risk identification and assessment, safe work procedures, immunization and various control measures.

- Reduce the time patients wait in a hospital bed to receive services elsewhere when they no longer need hospital care by developing and implementing processes to support patient flow between service sectors.

Performance Measure	2017/18 Baseline	2018/19 Actuals	2019/20 Actuals	2020/21 Target	2021/22 Target	2022/23 Target
2.5 Rate of new <i>C. difficile</i> cases associated with a reporting facility per 10,000 inpatient days. ¹	5.7	5.0	3.5	3.1	3.0	2.9

¹ Data Source: Provincial Infection Control Network of British Columbia (PICNet)

Linking Performance Measures to Objectives:

2.5 *Clostridium difficile* (*C. difficile*) is a bacterium that can pose a health risk for people who are taking antibiotics or who have weakened immune systems. Actively monitoring *C. difficile* infections in hospitals, and developing evidence-based infection prevention and control guidelines, helps reduce such infections and therefore improves the quality of care and patient safety, protecting both patients and healthcare providers. In the future, adjustments to the out-year targets may be necessary based on regular monitoring of performance in this area.

Discussion:

Protecting people from *C. difficile* infections is a priority for IH. The *C. difficile* initiative was implemented a year ago using a structured approach to address risk factors and reduction of transmission through collaboration between Antimicrobial Stewardship, Pharmacy, Support Services, site leadership and physicians. This initiative has created the momentum to create an IH-wide task force with cross-portfolio representation to further enhance efforts to aggressively reduce our *C. difficile* rates annually for overall improvement in quality and patient safety.

Goal 3: Ensure sustainable Health Care by Improving Innovation, Productivity, and Efficiency

To achieve a sustainable health care system, IH must ensure health system resources are used in the most efficient and effective way possible, while improving innovative efforts with the use of new technologies and models of care across all geographic services areas. IH’s Goal 3 is linked to the MOH’s Goal 3: “*Deliver an innovative and sustainable public health care system*”.

Objective 3.1: Promote new ways of working to provide better service and reduce costs

Strategies:

- Focus on delivering high quality services in a sustainable and productive manner at a lower cost to increase overall value. This will be achieved by improved workforce utilization, opportunities to leverage automation and analytics, continued contract savings through the work of the PHSA, and

continuing to monitor and implement productivity actions through the Productivity Working Group.

- Work collaboratively with PHSA and the Ministry to improve pharmacy services and access through increased cross-sector planning and coordination of pharmacy services. Expand the use of an electronic solution which pulls information about a patient’s medication history from the Provincial [PharmaNet](#) system directly into the IH electronic patient record.
- In partnership with the MOH, First Nations Health Authority, and other community partners, implement the provincial Rural, Remote, First Nations and Aboriginal COVID-19 Response Framework and further improve access to services and health outcomes in rural, remote and Aboriginal communities.
- Continue to enhance information management and technology solutions to meet health service needs in alignment with the provincial Digital Health Strategy and building upon COVID-19 response innovations. This includes supporting the MOH and PHSA to develop a ten-year provincial Roadmap, expanding patients’ on-line access to their health record and scheduling information, strengthening virtual care for rural/remote/Aboriginal communities, and improving the compatibility of different types of electronic medical records.
- Enhance cybersecurity with proactive monitoring, detection and visibility of cyber threats by collaborating on shared opportunities with the MOH and other Health Authorities. This includes harmonization of a provincial health sector Cyber Security Incident Response Plan, developing and aligning Information Security Policies, and conducting regular Cyber Security Maturity Assessments.
- Continue to support the health research, innovation, and research knowledge mobilization agenda through the B.C. Strategy for Patient Oriented Research, Interior Academic Health Science Consortium, ensuring that patient-oriented research is conducted and research evidence is used to improve patient experience and outcomes.
- Engage in community consultations and partner with community stakeholders. This includes strengthening ongoing connections with locally and regionally elected officials and other stakeholders as well as identifying and supporting stakeholder engagement opportunities related to health improvement and potential service changes.

Goal 4: Cultivate an Engaged Workforce and a Healthy Workplace

Aligned with the MOH’s policy framework, several strategies are currently in progress or are planned to address physician and health human resource issues and produce an engaged, skilled, well-led, and healthy workforce that can provide the best patient-centered care for the IH population.

Objective 4.1: Enhance relationships and encourage all who work at Interior Health to reach their full potential

Strategies:

- Continue to develop leaders by supporting them with tools, training and professional development opportunities.
- Strengthen engagement and relationships with physicians practicing in IH and partner to plan and implement priority programs, including with Divisions of Family Practice, Medical Staff Associations, Local Medical Advisory Committees, and through Physician Quality Improvement and Leadership initiatives (e.g. NAVIG8).
- Continue to participate in the implementation of the integrated provincial workforce strategy, linked to IH-wide and local health service area workforce plans, which contribute to effective recruitment strategies, business continuity, and succession plans.
- Continue developing and implementing focused recruitment strategies and marketing plans for difficult-to-fill vacancies (e.g. anesthesiologists, health care aids, etc), in response to service models changes or expansions, and for key leadership roles based on current and projected needs.
- Advance and implement the Aboriginal Human Resource Plan with a focus on education regarding cultural safety, increasing IH’s Aboriginal workforce representation and identifying mechanisms to support a more inclusive work culture for Aboriginal employees.
- Support retention of employees and improve employee workplace experiences by continuously listening and responding to feedback and further supporting the development of program managers.
- Supported by a new Employee Voices Advisory Group, continue to implement a plan focused on increasing the diversity and inclusion of minority or historically marginalized employee populations.

Performance Measure	2016 Baseline	2018 Actual	2019 Actual	2020 Target	2021 Target	2022 Target
4.1 Nursing and allied professionals overtime hours as per cent of productive hours. ¹	3.8	4.4	4.6	<=3.8	<=3.8	<=3.8

¹ Data Source: Health Sector Compensation Information System (HSCIS), Health Employers Association of British Columbia (HEABC).

Linking Performance Measures to Objectives:

- 4.1 Overtime is a key indicator of the overall health of a workplace. Out-year targets of this measure maintain overtime rates against expected growth in demand. By addressing the underlying causes of overtime, efficiencies can be gained that help promote both patient and caregiver safety while also reducing unnecessary costs to the health system. Out-year targets may be adjusted in the future to better reflect progress on this measure.

Discussion:

This performance measure compares the amount of overtime worked by nurses and allied health professionals to the overall amount of time these staff members worked. The three-year targets are set at the same level to reflect the importance of maintaining nursing and allied professional overtime at a low rate. To accomplish this, IH is implementing a number of strategies, which are geared towards reducing overtime rates, such as filling shifts at straight time and increasing the effectiveness of relief staff.

Objective 4.2 Advance practices in the workplace that address health and safety issues

Strategies:

- Continue workplace injury reduction strategies which will improve overtime and sick time rates.
- Reduce injuries and embed safety into everyday practice by continuing to implement the Canadian Standards Association (CSA) Health & Safety Management System, focused on musculoskeletal injuries, psychological health and safety, and safety culture.
- Working with the MOH and the Health Employers Association of B.C., continue to improve psychological health and safety in the workplace in accordance with the requirements of the [Canadian Standards Association \(CSA\) Z1003-13](#).
- Monitor the ongoing risk of violence using Violence Prevention Risk Assessment tools and continue to support staff, physicians and volunteers.
- Within ongoing pandemic response and recovery efforts, implement site safety plans that include facility/site space modifications and other safety precautions that are aligned with provincial public health and WorkSafe BC direction.
- Embed principles and practices demonstrating commitment to supporting environmental sustainability.

Resource Summary

(\$ millions; to the first decimal)	2019/20 Actual	2020/21 Budget	2021/22 Plan	2022/23 Plan
OPERATING SUMMARY				
Provincial Government Sources	2,329.1	2,445.4	2,536.4	2,610.6
Non-Provincial Government Sources	198.9	182.5	183.0	183.6
Total Revenue	2,528.0	2,627.9	2,719.4	2,794.2
Acute Care	1,424.5	1,433.4	1,484.0	1,524.8
Long-term Care	445.3	450.6	468.0	484.8
Community Care	262.5	282.3	293.7	304.3
Mental Health & Substance Use	164.5	174.4	178.9	181.0
Population Health and Wellness	67.4	70.9	72.9	73.7
Corporate	163.4	216.3	221.9	225.6
Total Expenditures	2,527.6	2,627.9	2,719.4	2,794.2
Surplus (Deficit)	0.4	nil	nil	nil
CAPITAL SUMMARY				
Funded by Provincial Government ¹	76,614	123,321	101,094	139,317
Funded by Regional Hospital Districts, Third Parties, Foundations, Internal Funds and all other sources	80,845	146,428	109,885	75,170
Total Capital Expenditures	157,459	269,749	210,979	214,487

¹ Further information on program funding and vote recoveries is available in the [Estimates and Supplement to the Estimates](#).

Major Capital Projects

The following table lists approved capital projects that were underway as of March 31, 2020, and have a project budget greater than \$20 million regardless of funding source. Some of these projects commenced prior to the 2019/20 fiscal year, some are substantially complete, while others are in the planning stage and will be constructed over the next few years. As per direction from the MOH, planning costs are not considered under the project costs. For more information about the projects in Kamloops, Kelowna and Penticton please visit the [IH Building Patient Care website](#).

Major Capital Projects (over \$20 million)	Targeted Completion Date (Year)	Costs Incurred to Mar 31, 2020 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
Patient Care Tower, Royal Inland Hospital, Kamloops	2024	113	304	417
<p>The Patient Care Tower project will proceed in two phases. Phase one construction of the new Patient Care Tower includes medical/surgical inpatient beds in single patient rooms, a mental health inpatient unit, a surgical services centre, labour, delivery and neonatal intensive care unit, as well as pediatric psychiatry rooms. Phase two will involve renovations of vacant areas in the current hospital to allow for the expansion of the emergency department, as well as renovations to the post-anesthetic recovery area, pediatric unit, and morgue. The capital costs of the project are shared between the Provincial Government, Thompson Regional Hospital District, and the Royal Inland Hospital Foundation. Financial Close occurred in 2018 and the project is progressing through Phase one.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/686370/capital-project-plan-royal-inland-hospital.pdf</p>				
Interior Heart and Surgical Centre, Kelowna General Hospital	2018	309	72	381
<p>The Interior Heart and Surgical Centre project consists of a 4-storey, 14,000 square metre surgical facility, a 3-storey 7,850 square metre clinical support building and renovations to three existing Kelowna General Hospital facilities. The project will improve patient care, health service delivery, and patient flow at Kelowna General Hospital and design program areas to enable a comprehensive multi-disciplinary team approach. The project features capacity for 15 new operating rooms, a revascularization program including open heart surgery, and updated and expanded support services. The capital cost of the project is shared by the Provincial Government and the Central Okanagan Regional Hospital District. The project is substantially complete with the building components of the project, but there are still outstanding parking solutions required for the site in 2020.</p> <p>For more information, please see the website at: https://www.interiorhealth.ca/sites/BuildingPatientCare/IHSC/Pages/default.aspx</p>				
Patient Care Tower, Penticton Regional Hospital	2022	265	47	312
<p>The Penticton Regional Hospital project is proceeding in two phases. Phase one construction of the David E. Kampe Tower began in spring 2016 and was open to the public April 29, 2019. The tower includes a new surgical services centre and 84 medical/surgical inpatient beds in single patient rooms. Phase two involves renovations of vacant areas in the current hospital to allow for the expansion of the emergency department, as well as renovations to existing support areas. The capital cost of the project is estimated at \$312.5 million. Costs are shared between the Provincial Government, Okanagan Similkameen Regional Hospital District, and the South Okanagan Similkameen Medical Foundation.</p>				

Major Capital Projects (over \$20 million)	Targeted Completion Date (Year)	Costs Incurred to Mar 31, 2020 (\$ millions)	Estimated Cost to Complete (\$ millions)	Approved Anticipated Total Capital Cost of Project (\$ millions)
<p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2018_2/687290/capital-project-plan-penticton-regional-hospital.pdf</p>				
<p>Redevelopment, Cariboo Memorial Hospital, Williams Lake</p>	<p>2026</p>	<p>1</p>	<p>217</p>	<p>218</p>
<p>The project will proceed in two phases. Phase one is the expansion of a new emergency department, medical/surgical inpatient unit, maternity services unit and pharmacy. Phase two includes the renovations on the main floor for ambulatory care, main entry and reception areas, the establishment of a new mental health and substance use inpatient unit on the second floor and the renovations for the University of British Columbia Faculty of Medicine academic area on the third floor. Procurement for the project is underway and is expected to complete in Summer 2021. The capital costs are shared between the Provincial Government and the Cariboo Chilcotin Regional Hospital District.</p> <p>For more information, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2020/703046/703046_Capital_Project_Plan_Cariboo_Memorial_Hospital_Redevelopment_August_1_2019.pdf</p>				
<p>Pharmacy and Ambulatory Care, Kootenay Boundary Regional Hospital, Trail</p>	<p>2023</p>	<p>4</p>	<p>35</p>	<p>39</p>
<p>The project encompasses several components and will result in improved patient care, patient safety, staff safety, access and flow within the site and will address infection control and prevention. The new Ambulatory Procedures Unit will be constructed on Level 2 above the expanded Emergency Department being constructed on Level 1. The expansion of the Pharmacy Department supports increased volumes of patients and provides a fully functioning sterile products laboratory that will be in compliance with current standards for compounding of hazardous and sterile pharmaceutical preparations. The expansion requires the relocation of adjacent departments, such as Health Information Management and Physiotherapy. In addition, aged infrastructure will be updated as part of the project. Approval for the project was received in 2019, and construction has commenced after completion of the design and procurement. The capital costs are shared between the Provincial Government, the West Kootenay Boundary Regional Hospital District and the Kootenay Boundary Regional Hospital & Health Foundation.</p>				

Appendix A: Hyperlinks to Additional Information

BC Patient Safety and Quality Council – <https://bcpsc.ca>

HealthLink BC - www.healthlinkbc.ca

Interior Health Authority - www.interiorhealth.ca

First Nations Health Authority - www.fnha.ca

Fraser Health Authority - www.fraserhealth.ca

Métis Nation British Columbia - www.mnbc.ca

Ministry of Health - www.gov.bc.ca/health

Northern Health Authority - www.northernhealth.ca

Provincial Health Services Authority - www.phsa.ca

Vancouver Coastal Health Authority - www.vch.ca

Vancouver Island Health Authority – www.islandhealth.ca